

One Stop Resource Center Local Community Self Assessment

Your name: **Evalyn Greb**

Title: **Chief, Long Term Care Integration**

Agency: **Aging & Independence Services, County of San Diego**

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Are you interested in partnering with CDA in this grant application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, you do not need to answer the remaining questions.)
Would you be able to develop grant application by July 17, 2003 for state review and submission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, you do not need to answer the remaining questions.)
Could you secure necessary local approval required to submit this grant by July 17, 2003? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if no, you do not need to answer the remaining questions.)
Grant target population includes older adults age 60 and over and at least one other population. Please check other groups to be served by the One Stop: <input checked="" type="checkbox"/> Individuals with physical disabilities <input checked="" type="checkbox"/> Individuals with serious mental health disabilities <input checked="" type="checkbox"/> Individuals with mental retardation/developmental disabilities <input checked="" type="checkbox"/> Individuals with traumatic brain injuries
Describe current working relationship with Area Agency on Aging. (if you are not an AAA) Aging & Independence Services is the designated AAA, Planning and Service Area 23.
Describe current working relationship with Caregiver Resource Center. <input checked="" type="checkbox"/> Close collaboration <input type="checkbox"/> Improving but needs work <input type="checkbox"/> Not strong Would they agree? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Would the CRC be willing to partner with you in this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/> No
Describe current working relationship with your local Independent Living Center. <input checked="" type="checkbox"/> Close collaboration <input type="checkbox"/> Improving but needs work

<p>___Not strong</p> <p>Would they agree? <u> X </u> Yes ___ No</p>
<p>Would the ILC be willing to partner with you in this application?</p> <p><u> X </u> Yes ___ Not Sure ___ No</p>
<p>Other local groups that would be included in this project:</p> <p>The aging network, Long Term Care Integration Project stakeholders (450 health and social service providers and consumers/caregivers), Area Board XIII for Persons with Developmental Disabilities, AIS Advisory Council, Healthcare Association of San Diego and Imperial Counties, Network of Care Advisory Council, Public Authority, County Medical Society, San Diego Association of Non-Profits, and CA Long Term Care Integration Center.</p> <p><u> X </u> Yes: All groups above have a long and positive working relationship with AIS and have agreed to participate in this project!</p>
<p>One-Stop Shop Resource Centers will have responsibility for</p> <ul style="list-style-type: none"> • consumer outreach & education • information and referral/assistance • consumer counseling/care management • assistance in identifying appropriate public LTC benefits • nursing home level of care determination • assessing family caregiver support needs & linking them to services • providing outreach & services to underserved or hard-to-reach subgroups <p>Please describe:</p> <p>1. How your agency's organizational placement & community relationships strategically position you for developing this One Stop.</p> <p>The dynamic agency now known as AIS has been the hub of aging network activity and leadership in San Diego for almost 30 years. It has been recognized at the national level for having one of the most comprehensive sets of services within a AAA. Some of the non-traditional activities housed within San Diego's AAA include In-Home Supportive Services, Adult Protective Services, Public Administrator/Public Guardian, state and federally funded care management programs, and the County's Distinct Part Nursing Home. Additionally, special AIS initiatives have stakeholder groups focusing on and developing new and innovative ways to deal with senior and disability-related problems, such as homelessness, transportation, protection and advocacy, health promotion, and family caregiving issues.</p> <p>2. Recent local activities/initiatives that position you well for developing this One Stop.</p>

- Aging Summit of 1998 and 2000 identified the need to improve local LTC continuum and its access and information. This led to County Board of Supervisors supporting a local initiative to plan for LTC Integration in conjunction with the State Office of LTC. The Long Term Care Integration Program (LTCIP) in San Diego is now in its fourth year of planning and development activity.
- Also during that period, the AIS “Call Center” was established with professional respondents and a state-of-the-art, electronically controlled and tabulated communication system.
- In September 2002, San Diego unveiled the local Network of Care (NOC) web site, based on the CA Department of Aging-sponsored Innovation Grant product. Developed in conjunction with local providers, San Diego’s NOC has the advantage of an Advisory Group that takes responsibility for continuous quality improvement. Subsequently, NOC has added mental health services. During this calendar year, San Diego’s NOC web site is experiencing an average of 10,000 hits/month!
- In 2002, AIS contracted with the Southern Caregiver Resource Center as the lead entity for the National Caregiver Initiative in San Diego after convening stakeholders to determine how the local initiative should be designed and made visible throughout the county.

3. What does “nursing home level of care determination” mean to you & why would this be an important component?

AIS has 20 years experience with home and community-based waiver (1915c) level of care determination for elderly, and later persons with AIDS, who are at a nursing facility level of need, i.e. “certifiable” but living in the community. During the years of garnering funds to increase the number of care management “slots” in San Diego for the NF certifiable as well as for those “at-risk” of institutionalization, AIS created centralized intake early on (1984). Centralized intake has been successful in telephone screening for level of risk to a very high degree that allows referral to the most appropriate care management program. Care managers have about a 95% rate of client uptake based on centralized intake screening.

Centralized Intake for AIS care management programs has become part of every Call Center staff member activity today. Staff are able to provide intake, referral and advocacy, abuse reports, IHSS intake, and links to any other resources needed, via the NOC database. Level of care (all levels) determination thus is a critical component in the development of a One-Stop Shop Resource Center in order to direct individuals to the most appropriate set of resources.

Describe other efforts/activities underway to develop this type of One Stop resource center in your area. How would you leverage this modest grant to

advance your more long range goals? What other resources have you already secured for this effort/activity?

Based on activities in San Diego described above, AIS is seen as the leader and “go-to” organization for aging and disabled resources. The attractiveness of working on this grant application centers on AIS’s desire to continue expanding and improving and increasing access and utilization of AIS as a resource center in this community and as a model for replication at the state and national level. Building on the investment of the County and CDA, the AIS Call Center with the NOC interactive, web-based database, provides the ideal foundation upon which to “grow” a national model of a One-Stop Shop Resource Center.

Grant resources would allow local excitement to generate ideas for expanding, improving, increasing visibility of the new Resource Center. Some ideas include: establishing interactive audio-visual Resource Center kiosks at Senior Centers, libraries, hospitals, clinics, physician group offices, health and social service providers’ offices, etc.; testing the current NOC capacity and responsiveness as a basis for making improvements in communication and as a resource instrument, including specific focus group beta-testing; addressing ethnic disparities already identified by the local public health community; and media coverage to inform every resident of the community about the Resource Center. Investment in these types of activities will provide a sustained, improved foundation for a resource center as well as an identified continuous quality improvement methodology for the One-Stop Shop Resource Center.

Resources already secured for the effort to establish a Resource Center include the \$2.3 Million from CDA to develop the NOC software, the resources spent to develop the AIS Call Center, the County of San Diego investment in developing the local NOC database, and the willingness and commitment of the many important partners listed on page 2, who have agreed to participate in developing the local Resource Center. Among those is the local County Medical Society which has a \$3 Million grant from the National Patient Safety Institute to develop a web site for all patients that links to resources for patients in San Diego.

Describe what services your One Stop Resource Center would provide, what agencies would be involved, how this would be sustained after the grant terminates.

San Diego’s Resource Center will provide a citizen-centered One-Stop Shop entry point into the long term support system and will be based in local communities for people who may require long term support, their caregivers, families, and professionals who provide services to the elderly and persons with disabilities. Services will include but not be limited to:

- Providing consumer outreach & education
- Providing information and referral/assistance

- Providing consumer counseling/care management
- Linking with the County Medical Society's web site being developed for patient safety
- Providing weekly updated links to LTC and disability news through a relationship with the CA LTC Integration Center
- Assisting in identifying appropriate public LTC benefits
- Determining nursing home and other level of care needs and services
- Assessing family caregiver support needs & linking them to services
- Providing outreach & services to underserved or hard-to-reach subgroups
- Developing an internal continuous quality improvement program within the development of the Resource Center in conjunction with the CA LTC Integration Center and Mark Meiners, Ph.D.

The agencies to be involved in developing the Resource Center include not only those listed as project participants on page 2, but the entire health and social service community in San Diego will be solicited for input on developing a state-of-the-art One-Stop Shop. AIS has a mailing list that includes over 2000 individuals and agencies, has a media staff to invite participation via newspapers, radio, and television, and has several web sites upon which to invite participation in project development.

Involvement of the community in AIS activities has become expected and standard operating procedure in San Diego. This process insures stakeholder buy-in, a product that meets community need, and sustainability due to "ownership" by many who assisted in developing a worthwhile project. A central LTC and disability Resource Center will be shared by all professionals who will come to rely on a consistently updated source for their own agency information and referrals as well as that of all other services for their consumers. Sustainability of the Resource Center at AIS is enhanced by the current Call Center funding from many federal, state, and local programs, including Administration on Aging and Medicaid waiver dollars.

The grantee will be required to seek stakeholders in the planning, implementation & evaluation of their One Stop. An Advisory Board must also be established to provide stakeholder input.

An Advisory Group was assembled during the development of the local Network of Care database. It is currently comprised of other information and assistance program representatives in the county, including United Way InfoLine, the Independent Living Center, and AIS. This Advisory Group will be the foundation upon which the Resource Center Advisory Group will be built. Stakeholders will be asked to participate in decision-making regarding the optimum make-up and role for this Advisory Group. Implementation and evaluation of the Resource Center will be further complimented by the close working relationship of AIS's Long Term Care Integration Project (LTCIP) staff with Mark Meiners, Ph.D., at

the University of Maryland Center on Aging and the CA LTC Integration Center staff. Both Dr. Meiners and the Center will serve as integral members of the Advisory Group and have expertise in developing evaluation methodologies during project design, in completing beta-testing and in building continuous quality improvement programs.

Describe your role in current or past advisory groups with similar responsibilities that demonstrate your capacity to assemble, sustain and successfully work with Advisory groups. Describe the composition of these groups.

- AIS has successfully relied on the AoA-mandated AAA Advisory Council for almost 30 years to conduct operations and
- LTCIP has sustained a stakeholder group for 4 years with over 450 members, including broad representation of health and social service providers, aging and disability advocacy groups, consumers and caregivers. Information on planning and development progress is pushed electronically and via U.S. Post to the membership on a monthly basis. The large stakeholder group has voted representation on the smaller decision-making group: a 25 member Advisory Group that has over 50% consumers/consumer advocates and has maintained the momentum to obtain the “vision” of an improved system of care as developed by the larger stakeholder group.

The grantee will need a Management Information System (MIS) capable of tracking client intake, needs assessment, care plans, service utilization, and costs. Please describe how you would respond to this requirement.

CDA staff are already aware of the highly sophisticated MIS system that starts with a client database originating in the AIS Call Center. Care management programs and Adult Protective Services readily exhibit the benefit of a single client database program that includes intake, assessment information, care plans, service referral and authorization, billing systems and costs. Resource Center client/customer information could be collected readily using this same local database, adding any additional requirements identified during the grant application process.

The total amount available to states over the 3-year grant period will be up to \$800,000 (e.g., \$250,000 annually). How much funding would you be requesting annually?

In conjunction with the CA State Departments of Aging and Health Services, we propose to develop the following estimated budgets:

Year 1: \$500,000 (will include stakeholder focus group resources, evaluation and design methodology, hardware and software for kiosks)

Year 2: \$150,000 (will include software tweaks, user training, media campaign)

Year 3: \$150,000 (will include evaluation and continuous quality improvement system and sustainability activity).

Grantees will be required to evaluate the effectiveness of their One Stop in

making progress toward the overall grant goals & vision. Please describe how you would build this type of evaluation into your grant.

Dr. Mark Meiners and the CA LTC Integration Center are experts in this area. Grant funds would be set aside to allow them to interact with the stakeholders to develop evaluation methodology most appropriate to test the effectiveness of the Resource Center in making progress toward the overall grant goals and vision. It is anticipated that one of the overall goals of providing accurate, timely, consumer-centered assessment, referral, level of care determination, care management, and caregiver support to those who call and those identified as hard to reach who are called, is to effect behavioral change on the part of consumers and providers, and enhance interaction between the two groups.

Please return this Self Assessment to Deborah Jackson-Lee at djackson@aging.ca.gov or fax this to her at (916) 324-1903.

MUST BE RETURNED NO LATER THAN COB JUNE 12, 2003.

Thank you for your interest and input!